

Mr B O & Mrs C N Ogbakaeko

Langdale House Care Home

Inspection report

Grove Avenue
Southey Street
Nottingham
Nottinghamshire
NG7 4BP

Tel: 01159783822

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Langdale House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Langdale House is registered to accommodate up to 12 people with needs including a diagnosis of mental health, older people and people who are living with dementia; at the time of our inspection, there were 8 people living in the home.

At our last comprehensive inspection on 30 November 2016, we rated the service as requires improvement. The service was rated as requiring improvement in the Responsive and Well-led domains. This was because care plans were not always current and up to date, systems in place to monitor the service were not accurate and people sometimes had to wait for care.

At this inspection we found the service remained requires improvement. This is the third time the service has been rated as requires improvement.

The inspection took place on the 6 March 2018 and was unannounced.

A registered manager was not in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a manager in place. The manager told us they would be applying to become the registered manager.

Risks to people were assessed and monitored regularly. However, the information included in the assessment was not always based on guidance from a health professional.

People were not always protected from the risk of infection. The premises were not maintained and presented a risk to people who used the service.

Staff were not always appropriately recruited. Checks to ensure they were suitable to work with people had not always been completed before they started work.

The quality of the service was monitored through limited audits carried out by the management team and provider. These had not been effective at identifying the areas of concern we found.

People felt safe when they were receiving care from staff. Staff understood their roles and responsibilities to safeguard people from the risk of harm.

There was clear guidance for staff about how to support a person if they became aggressive.

There were sufficient staff to meet people's needs. Although people sometimes had to wait for staff support if the staff did not hear them calling for assistance.

People were supported to take their medicines as prescribed. Staff who administered medicines had not always received training to ensure they were competent.

People's health and well-being was monitored by staff and they were supported to access health professionals.

People were cared for by a staff team who were friendly, caring and compassionate. Positive relationships had been developed between people and staff. People were treated with kindness.

People's care and support needs were monitored and reviewed to ensure care was provided in the way they needed. People had been involved in planning their care.

Plans of care were in place to guide staff in delivering consistent care and support in line with people's personal preferences and choices. These were being reviewed and updated, however did not always reflect people's current needs or up to date guidance. End of life wishes were discussed and plans put in place.

Staff did not always have access to the supervision and training they required to work effectively in their roles. The manager told us they were working to develop more detailed staff training. People were supported to maintain good health and nutrition.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. There were limited activities available for people. Family and friends were welcomed to visit.

The service was run by a manager who had only recently started their role on a full time basis. They planned to review the service and identify areas for improvement. They had not done this at the time of our inspection. The service aimed to develop a positive ethos and an open culture.

People knew how to raise a concern or make a complaint and the provider had systems to manage any complaints they received.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks to people had been identified and assessed. These had not always been updated when a person's needs changed. People were not protected from the risk of infection. The premises had not been well maintained and presented a risk to people using the service.

People were protected from abuse and harm by staff who knew their responsibilities for supporting them to keep safe.

People were supported to take their medicines in line with the prescriber's instructions. Some staff were undertaking this task without appropriate training and supervision.

Staffing levels had been assessed. The provider did not always follow safe recruitment practices when employing new staff.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were cared for by staff who had not always received the appropriate training and support they required to carry out their roles.

People's consent was sought before staff provided care. People were supported to access healthcare services.

Requires Improvement ●

Is the service caring?

The service was caring.

People got to know staff well. People were treated with dignity and respect and staff ensured their privacy was maintained.

People's private information was not always kept secure to maintain their confidentiality.

People were encouraged to make decisions about how their care was provided.

Good ●

Is the service responsive?

The service was not always responsive.

People did not always receive care that met their needs as guidance from health professionals were not recorded in their care plans.

People were not always offered activities or tasks.

People had information on how to make complaints and the provider had systems in place to deal with the complaints.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Limited quality assurance systems were in place to monitor and review the quality of the service which was provided. These had not been used effectively to drive improvement in the service.

People had not been asked for their feedback through a survey in the last 12 months.

The provider had notified CQC of allegations of abuse which they are required to do.

Requires Improvement ●

Langdale House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 6 March 2018 and was undertaken by one inspector and one expert-by experience. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. A statutory notification is information about important events that the provider is required to send us by law.

We sought feedback from commissioners that monitored the care and treatment of people using the service. We also contacted Healthwatch for their information about the service. Healthwatch is a consumer organisation that has statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

As part of this inspection, we spent time with people who used the service talking with them and observing support; this helped us understand their experience of using the service. We observed how staff interacted and engaged with people who used the service during individual tasks and activities.

During our inspection, we spoke with three people who used the service. We also spoke with the manager, a senior care worker, a member of care staff and a representative from the provider.

We reviewed records relating to the care of three people, medicines records and storage, the minutes of resident meetings and staff meetings. We also reviewed three staff recruitment records, staff training records, management audits and health and safety checks completed by the provider and arrangements for

managing complaints.

Is the service safe?

Our findings

People were not always protected by the prevention and control of infection. Areas of the home were not clean and felt sticky to the touch. There were strong odours in areas of the home. The décor was ripped and in one bedroom there were dirty marks across the walls. The staff on duty carried out the cleaning as part of their roles. Following our inspection the manager submitted an action plan which included the areas of the service we had reported to them with dates for works to be completed to protect people from the risk of infection. Staff used personal protective equipment such as disposable gloves, aprons and hand gel when appropriate. The home had a five star food hygiene rating.

The premises were not well maintained and posed a risk to people using the service. One person had a picture in their room and the glass in this had broken leaving sharp edges. We asked for this to be moved. Another person had a hole in the floorboard near their bed. We reported this to the manager who told us they would get it fixed. Other areas in the home were identified as presenting risks such as a table which had a wobbly leg which was used for a person to put hot drinks on, cupboards which did not close properly, uneven flooring and curtains which were hanging off the rails. The manager sent us an action plan advising these works would be completed by the end of May 2018.

The provider had environmental risk assessments in place and there were systems in place which included regular fire tests. The provider was not monitoring the water temperatures or flushing the water regularly to avoid the risk of infection. They told us they would implement this immediately.

The provider failed to ensure the premises and environment were appropriately maintained and to a standard of cleanliness. These matters constituted a breach of Regulation 15, Premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment processes did not always protect people from being cared for by unsuitable staff. Recruitment checks had not always been completed before staff started work. One member of staff had started work three months before a Disclosure and Barring Check (DBS) check had been completed. The DBS shows if staff have any previous convictions which may make them unsuitable to work with people. References had not always been sought from the most recent employer within the care sector. This is good practice as the reference can be based on the member of staff's conduct in a similar setting. The manager told us they were reviewing the recruitment processes and were going to carry out new DBS checks on all staff.

The provider failed to protect people from avoidable harm by ensuring appropriate checks were carried out before new staff commenced employment with the service. These matters constituted a breach of Regulation 19, Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always being cared for safely. There were risk assessments in place, which gave staff instructions as to how to keep people safe, however the information in these was not always based on

people's current needs. For example, assessments had been undertaken to identify how to help people move around safely. One person's assessment did not include information from a health professional about how staff should support the person. We saw staff help the person to move and this was not done in line with good practice which caused the person pain. We asked the manager about this who spoke with a senior care worker and confirmed the way the person had been moved was not in line with the guidance from the health professional. Following our inspection the manager confirmed the person had been reassessed to ensure the guidance was up to date and their risk assessment had been reviewed to include the correct information. Risk assessments were in the process of being reviewed by the manager to update them.

Medicines were administered in line with prescriber's instructions. There were audits in place and any shortfalls found were addressed. People received their medicines at the prescribed time and medicines were safely stored. One person commented, "I get my medicine on time." Staff had not always completed training in the administration of medicines. One member of staff was not recorded as completing training and was administering medicines. There were missed signatures on the medicines charts during the time they should have administered the medicines. We discussed this with the manager and confirmed the medicines had been administered and this was a recording issue. They told us they would stop the person administering medicines until their training had been completed. Codes were used on the medicines charts if a medicine had been given. The code O was used for any other reason. Staff had not recorded the reason. A senior carer told me they would make this clear on the charts.

There were sufficient staff to meet the needs of the people. Most staff had worked at the service for a long period of time and were knowledgeable about the people using the service. People told us there were enough staff although they sometimes had to wait for support. One person called out for help to adjust the television volume three times and staff did not respond to this. However, other people told us staff had time to sit with them. One person commented, "If I have a problem they will sit down with me and talk about it." Staff told us they felt there were enough staff. One staff member told us, "We have enough time to do everything. People here do a lot for themselves so we can do the cooking and cleaning. They don't need us all the time." The manager told us staffing levels were based on the needs of people using the service. They said they would review how people could call for staff to make sure they were responded to promptly.

People sometimes displayed behaviour which could present challenges such as verbal aggression. There were detailed plans in place to offer staff guidance on how to support people safely. One person commented, "I can sometimes get a bit anxious and a bit angry. They try to calm me down. They are successful at this. We have a talk." The manager had worked with other agencies to develop the guidance to make sure it was appropriate for people's needs.

There was a system in place to record any accidents or incidents which occurred. These were reported to the manager so appropriate action could be taken.

People told us they felt safe within the home. One person said, "I feel comfortable here. I feel safe." Another person commented, "I feel safe here. I like it here."

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and the manager and provider knew actions to take if there was a safeguarding incident. The manager had followed the procedure and reported and investigated safeguarding concerns appropriately.

Is the service effective?

Our findings

People received care from staff who had not always completed training to enable them to fulfil their role. Staff supported people to move without following guidelines for the person, or good practice. One member of staff had not had any training in supporting people to move. The manager told us they were arranging for this to take place and the staff member worked alongside experienced staff to develop their knowledge. One member of staff was administering medicines without having completed the training to do this. Staff had not completed training in the specific conditions people who lived at the service had been diagnosed with such as Korsakoffs syndrome. The manager told us staff knew people well and could recognise changes in their behaviour which could indicate a decline in their condition. They used this information to intervene on an early basis to support people and reduce admissions to hospital. The manager explained they felt this was more effective than having detailed knowledge of the complex conditions people were living with. The manager also told us training was a key area they had identified as needing development and they were working to identify providers who could offer quality training to the staff to increase their knowledge, skills and understanding.

Staff did not always have regular supervision. Supervision gives staff the opportunity to discuss working practices and identify any training or support needs. Two staff had been working at the service for two months and they had not had supervision. The manager told us the staff were in their probation period. Staff told us they could approach the manager if they wanted to discuss anything as they were present in the service which offered staff informal supervision on a regular basis.

People were supported to eat and drink if they were assessed as needing this. Meals were provided which people told us they enjoyed. One person said, "I get enough food. I get three square meals a day and snacks if I want them." There was a choice of meals each day and alternatives were available should anyone wish for something different. There were snacks and drinks available throughout the day. One person was diabetic and staff understood their dietary needs.

People's needs were assessed prior to them moving into Langdale House Care Home to ensure the provider was able to meet their care and support needs. Assessments of needs were completed and individual plans of care developed to guide staff in providing care to people based on their needs.

People had access to communal areas and also a smoking room. This was used consistently by people. The home décor required updating to make it suitable for the needs of the people who were using it. The manager told us they would start a redecoration programme to improve the décor. People had been encouraged to personalise their bedrooms and had brought in personal items from their own home when they had moved in which had helped them in feeling settled.

There was an equality and diversity policy in place. Staff demonstrated they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager told us people were able to make their own decisions. They showed an understanding of the process to follow if they thought someone was not able to make their own decisions and this was in line with the MCA. The manager explained to us how they offered people as much information as possible so they were able to make informed choices. They also described how people were able to make unwise choices and this was reflected in their care plans.

People had consented to their care. They were encouraged to remain independent and make decisions about their care and their day-to-day routines and preferences. One person said, "It's up to me what I do. The staff will talk to me if I ask them but it is up to me."

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People were able to choose where they spent their time, such as in their own room or in communal areas and could move freely around the home or go out.

Changes in people's health or well-being were recognised by staff and referrals were made to healthcare professionals. One person told us, "They will call the GP or the optician if I need them." Records showed staff had sought advice from health professionals and chased these up if they felt the person's health condition had not improved.

Is the service caring?

Our findings

Staff spoke politely to people and protected people's dignity; staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. One person told us, "They always knock and make sure I am okay with them coming in." Staff understood how to promote people's privacy and dignity. One member of staff commented, "I try to get people to do things they can for themselves such as washing."

People's individuality was respected and staff responded to people by their chosen name. In our conversations with staff, it was clear they knew people well and understood most of their individual needs. One person commented, "I am happy here. The staff are marvellous. They are very kind." People were complimentary about the staff and felt they had a good relationship with them. One person commented, "I have a good relationship with the staff. They have time for me." A senior care worker told us, "People are like family to us. No one is treated differently." People looked happy and relaxed and we observed positive relationships between people and staff.

People's life history and wishes were considered as part of their care. One person commented, "We had a chat about my future and what I wanted to do." This was important as staff could use this information to start meaningful conversations with people. One person had told staff information they had requested to be used as their eulogy as it meant a lot to them.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. People were involved in making decisions about how they wanted their care and support provided. People said staff supported them to make their own decisions about their daily lives.

If people were unable to make decisions for themselves and had no relatives to support them, the provider was aware of advocacy organisations who would be sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Visitors were welcomed. People told us, they could have people to visit them if they wanted to. They were encouraged to remain in contact with family and friends and staff supported people with this.

People's care records and personal information were usually kept securely and the provider had a confidentiality policy. Documents were kept in cabinets however; these did not always shut fully. The manager told us they would have these fixed.

Is the service responsive?

Our findings

At our last inspection on 30 November 2016 we rated the responsive domain as requiring improvement. This was because care plans were not always up to date and current. People also had to wait for support. Care plans have now been updated although they did not always contain all of the up to date guidance on how to meet people's needs.

People received care and support based on their assessed needs. They had care plans which detailed the care and support they needed; this ensured that staff had the information they needed to provide consistent support. However, the information in these had been updated but did not always reflect the current needs. One person needed support with moving around the home. The information in their care plan was not based on the guidance from a health professional. This meant staff were supporting the person to move and causing them physical pain as they were not using the correct equipment or manoeuvres. The manager asked for the person to be reassessed and updated their care plan following our inspection.

People were not always encouraged to take part in activities. One person commented, "There are no activities. I don't need them." Another person said, "Sometimes we do sketching, drawings. I enjoy that." Staff told us they tried to encourage people to join in with activities or tasks such as cleaning. One staff member commented, "Some people will help with setting the table. Some people go out. It is up to them what they want to do." Another staff member told us, "I do activities. I ask people what they want. I like to offer them things like playing the guitar." During our inspection people were sitting in the lounge and were not engaged in activities. There were two televisions on which were both quite loud. One person asked three times for these to be turned down. Another person commented, "They are too loud." One person told us, "They have two televisions on because it is more stimulating."

People told us they had been involved in developing their care plan. One person commented, "They asked me about what I needed before I came here." The manager told us they were in the process of reviewing care plans and involving people in this.

There was information about people's past lives, spiritual needs, hobbies and interests that ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way.

People's spiritual needs were met. A local faith minister visited regularly and people were supported to practice their religious beliefs. During our inspection a priest visited. People were encouraged to talk to the priest. One person commented, "I don't need to speak to him this time. I am okay."

People were supported at the end of their life to have a comfortable and pain-free death and the provider had a policy to support this. Where possible people were able to remain at the home and not be admitted to hospital. The home liaised with other agencies such as the district nurses to support people with their final wishes.

People were encouraged to raise any concerns or complaints. People said they knew who to speak to at the service if they had any complaints. There was a complaints policy and procedure in place. No complaints had been received since our last inspection.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to offer information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

Is the service well-led?

Our findings

At our last inspection on 30 November 2016 we rated the Well-led domain as requiring improvement. This was because systems in place were not fully accurate to make sure a quality service was provided at all times. Systems in place were still not fully being used effectively to ensure people received a high quality service.

There were very limited systems in place to monitor the quality of the service. The manager and a representative from the provider had only started to manage the service from November 2017 due to a change in circumstances. They were in the process of reviewing the whole service; identifying actions which were needed to make improvements and implementing these. Audits were undertaken for the medicines, however audits were not in place for other areas such as the environment, care plans or premises. We found areas of concern in the environment, some care plans were not up to date and did not contain all current information, staff recruitment procedures were not safe and staff training was not provided consistently or in a timely manner.

The provider had previously completed visits to the service and reports of these visits identified areas which had been reviewed. The last visit was carried out in September 2017. The manager had not continued to complete these audits. The manager submitted an action plan following our inspection to tell us how they would meet the areas of concern we found. However these had not been identified by the systems and processes in place. This meant people were not always receiving a high quality service which safely met their needs and people were at risk of being supported by staff who were not suitable for the role.

The provider failed to ensure they provided a high quality service that met peoples needs and was responsive when improvements were needed. These matters constituted a breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager identified ways to improve the care and support people received and ensure their well-being was monitored. They had done this through developing care plans to give staff guidance on how to provide support to people with their mental health and how to recognise changes in this. A member of staff commented, "The care is top notch. We are like a family here."

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Langdale House Care Home. It is a legal requirement for providers to display their CQC rating. The rating from the previous inspection was displayed for people to see.

A registered manager was not in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a temporary manager in place. They confirmed they would be applying to register with CQC.

People gave mixed views about the manager and some people were concerned about changes to the management team. One person said, "[Registered manager] treated us like a family. We are going to miss him. I don't know if [manager] will be the same." However another person commented, "The manager has time for me." Staff spoke positively about the manager. One staff member told us, "[Manager] has come in and is making changes. We know things do need to change."

Procedures were in place, which enabled and supported the staff to provide consistent care and support. These had been recorded as being updated however the information in these had not always been changed to reflect changes in legislation or guidance. The safeguarding policy did not include new categories of abuse which had been introduced in 2014 although it had been reviewed three times since the introduction of the new categories. Staff demonstrated their knowledge and understanding around such things as whistleblowing, equalities, diversity and human rights. The supervision process and training was being developed and updated to offer staff the level of support they needed.

Staff attended team meetings. Minutes of these confirmed staff had the opportunity to raise concerns, share ideas around good practice and discuss any areas of practice.

The manager wanted to develop a culture of openness and transparency. They asked people for feedback; however this had not been done through a questionnaire or survey within the last 12 months. The manager told us they spoke to people regularly for their feedback and would complete a survey to seek more formal feedback from people and professionals.

The provider worked in partnership with other agencies in an open, honest and transparent way. Working in partnership with other agencies who commissioned services and local authority safeguarding and community health teams ensured that people received a joined up approach to their care and support. The commissioners we spoke with told us they were working with the manager to address areas of concern they found and the manager had been positive in their approach to this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	15 (1) (a) (e) The provider did not keep the premises and equipment visibly clean and free from odours. The provider did not have suitable arrangements for the maintenance and renewal of the premises.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	17 (1) (2) (a) The provider did not operate an effective system to make sure they assessed and monitored the service provided. The provider did not have systems and processes in place to regularly audit the service provided and to improve the quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	19 (1) (a) (b) (2) The provider did not operate robust procedures to assess if an applicant was of good character or had the skills, competence and experience

required to undertake the role.

The provider did not have effective recruitment and selection procedures in place before employees started work.